



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION
100 N PARK AVE STE 200 ~ PO BOX 200131
HELENA MT 59620-0131
406-444-3154 or toll free 877-275-7372

ELECTION TO PURCHASE USERRA ABSENCE

To receive service credit for an absence covered under USERRA
(Uniformed Services Employment and Re-employment Rights Act)

Name _____ SS# _____

Dates of Absence – From _____ to _____

I have been re-employed pursuant to USERRA. I am eligible to make contributions for the above absence and receive service credit.

_____ I DO NOT WISH TO PURCHASE THIS USERRA SERVICE.
(INITIALS)

_____ I DO WISH TO PURCHASE MY USERRA SERVICE - PLEASE PROVIDE
(INITIALS) THE COST.

Signature of Member _____ Date _____
Mailing Address _____
City, State, Zip _____

EMPLOYER CERTIFICATION - REQUIRED:

If the employee elects to purchase this service, *you must certify the compensation and hours this employee would have earned and worked, if not for the USERRA absence.* A certification form is attached. Reference §19-2-707 MCA.

Employing Agency _____
Contact Person _____
Mailing Address _____
City, State, Zip _____

Payroll Clerk/Certifying Official's Signature _____
Telephone Number _____ Date _____

ATTENTION: This form must be submitted to MPERA as soon as possible, after the employee returns to work. You should retain a copy for your records and forward the original to the MPERA.



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CERTIFICATION OF COMPENSATION AND HOURS – USERRA ABSENCE

NAME _____ **EMPLOYER** _____

From _____ **through** _____

Certify the actual compensation, by month, paid to the above employee. Certify the compensation the employee would have received if not for the USERRA absence. Specify the total hours missed by month, due to the USERRA absence.

	Year: _____				Year: _____			
	COMPENSATION RECEIVED	WOULD HAVE RECEIVED	DIFFERENCE	HOURS	COMPENSATION RECEIVED	WOULD HAVE RECEIVED	DIFFERENCE	HOURS
JAN								
FEB								
MAR								
APR								
MAY								
JUN								
JUL								
AUG								
SEP								
OCT								
NOV								
DEC								
TOTAL								

I certify the above compensation and hours accurately reflect the payroll records of this agency.

Name of Payroll Clerk/Certifying Official

Telephone Number

E-mail Address

Signature of Payroll Clerk/Certifying Official

Date